

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME Khalid Kahloon		TELEPHONE NUMBER 502-261-7200	
DATE OF REQUEST 8/29/19		EMAIL ADDRESS (Transcript will be emailed to this address.) kahloon@msn.com			
MAILING ADDRESS 600 West Main Street Ste 500				CITY, STATE, ZIP CODE Louisville, KY 40202	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Donna Prather			
		OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 1:17-cr-00027-JPJ-Pms		CASE NAME USA v. Joel Smithers		JUDGE'S NAME James P. Jones	
DATE(S) OF PROCEEDING(S) 4/29/19-5/5/19		TYPE OF PROCEEDING(S) Trial		LOCATION OF PROCEEDING Abingdon ?	
REQUEST IS FOR: (Select one) <input type="checkbox"/> FULL PROCEEDING OR <input checked="" type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable): May be able to better select portions once names of witnesses are known.					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)					
<input checked="" type="checkbox"/> Ordinary (30-Day)		<input type="checkbox"/> Daily			
<input type="checkbox"/> 14-Day		<input type="checkbox"/> Hourly			
<input type="checkbox"/> Expedited (7-Day)		<input type="checkbox"/> RealTime			
<input type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 8/29/19 <i>KIC</i> 12/16/19		SIGNATURE /s/Khalid Kahloon			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders at:
<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.

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